

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1,2						53						
4	④,1						54						
5	1,④						55						
6	④,9						56						
7	④,9						57						
8	④,9						58						
9	④,9						59						
10	④,1						60						
11	④,1						61						
12	④,1						62						
13	④,1						63						
14	④,1						64						
15	④,1						65						
16	④,1						66						
17	④,1						67						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓								
TOTAL DEP.	15	←		←		←							
TOTAL CLAIMS	16	████████	████████	████████	████████	████████							